

***** WISCONSIN MEDICAL ASSISTANCE PROVIDER HANDBOOK *****

PART H, DIVISION V COMMUNITY SUPPORT PROGRAM (CSP)	SECTION I GENERAL INFORMATION	ISSUED 06/92	PAGE 5H1-001
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A. TYPE OF HANDBOOK

Part H, Division V, Community Support Program (CSP), is the service specific portion of the Wisconsin Medical Assistance Provider Handbook. It is the fifth division of Part H, the Mental Health Handbook, which includes information for all mental health services. Division V includes information for CSP providers regarding provider eligibility criteria, recipient eligibility criteria, covered services, and billing instructions. Division V is intended to be used in conjunction with Part A of the Wisconsin Medical Assistance Provider Handbook which includes general policy guidelines, regulations, and billing information applicable to all types of providers certified in the Wisconsin Medical Assistance Program (WMAP).

B. INTRODUCTION

Community Support Program - Purpose

The purpose of Community Support Programs (CSPs) is to provide individuals with chronic (e.g., long term) mental illness with effective and easily accessible treatment, rehabilitation, and support services. CSP services are provided in the community, where recipients live and work, as opposed to in clinics or institutions. It is thought that by helping long-term mentally ill persons better manage the symptoms of their mental illness, fewer institutional placements will be needed.

Community Support Program - Definition

S. HSS 63.029, Wis. Adm. Code defines a CSP as "a coordinated care and treatment program which provides a range of treatment, rehabilitation, and support services through an identified treatment program and staff to ensure ongoing therapeutic involvement, individualized treatment, rehabilitation, and support services in the community for persons with chronic mental illness."

Chronic mental illness is defined as "a mental illness which is severe in degree and persistent in duration, which causes a substantially diminished level of functioning in the primary aspects of daily living and an inability to cope with the ordinary demands of life, which may lead to an inability to maintain stable adjustment and independent functioning without long-term treatment and support and which may be of lifelong duration. Chronic mental illness includes schizophrenia as well as a wide spectrum of psychotic and other severely disabling psychiatric diagnostic categories, but does not include organic mental disorders or a primary diagnosis of mental retardation or of alcohol or drug dependence" [s.HSS 63.02(7), Wis. Adm. Code].

C. PROVIDER INFORMATION

Provider Eligibility and Certification

CSP providers are required to be certified by the Division of Community Services (DCS) of the Department of Health and Social Services (DHSS), fulfilling the State regulations set forth in ch. HSS 63, Wis. Adm. Code. The CSP standards became effective May 1, 1989. CSP providers are surveyed on-site every two years by a team of DHSS Division of Community Services surveyors and mental health professionals to ensure that standards continue to be met.

In order to be certifiable by the WMAP, CSP providers must be certified by the DCS under ch. HSS 63, Wis. Adm. Code, and must meet the staffing requirements in s. HSS 63.06, Wis. Adm. Code. In addition, CSP mental health technicians must meet the requirements in s. HSS 105.255, Wis. Adm. Code.

Any CSP whose certification through the DHSS Division of Community Services is terminated, suspended, or denied is not eligible for WMAP certification.

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Mental Health Technician Training and Education Requirements

For WMAP reimbursement, a mental health technician must meet the following training and education requirements:

1. A minimum of 1,000 hours of supervised work experience with the long-term mentally ill.
2. At least one of the following:
 - a. Satisfactorily completed the educational curriculum developed by the DHSS; or
 - b. Be certified by the American Occupational Therapy Association as an occupational therapy assistant; or
 - c. Be a Licensed Practical Nurse (LPN) under s.441.10, Stats.; or
 - d. Have satisfied the training requirements under s. HSS 133.17(4) Wis. Adm. Code for a home health aide; or
 - e. Be included in the registry of persons under s.HSS 129.10, Wis. Adm. Code, who have completed a nurse's assistant training and testing program or only a testing program; or
 - f. Have satisfied the requirements under s.HSS 105.17(3)(a)1. Wis. Adm. Code, to provide personal care services and has completed an additional 1,000 hours of supervised work experience with long-term mentally ill persons.
3. A mental health technician providing CSP services who does not meet the requirements above must meet these requirements within one year following the effective date of the CSP's WMAP certification or the mental health technician's date of employment by the CSP, whichever is later. If this requirement is not met, the CSP may no longer bill for the mental health technician's services. However, the CSP may bill for the mental health technician's services during the one year period.

Application for Certification

For information regarding certification by the Division of Community Services, under ch. HSS 63, Wis. Adm. Code, providers must contact:

CSP Unit
Office of Mental Health
Division of Community Services
Post Office Box 7851
Madison, WI 53707

For information regarding WMAP certification under s. HSS 105.255 Wis. Adm. Code, providers must contact:

EDS
Attn: Provider Maintenance
6406 Bridge Road
Madison, WI 53784-0006

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Billing and Non-Billing Provider Numbers

A provider number is issued to all qualified CSPs certified with the WMAP. The individuals providing service within the CSP do not need to be individually certified.

In most counties, the county 51.42 board is the WMAP certified CSP. In several counties, the 51.42 board contracts with qualified CSPs. In these counties, both the county 51.42 board and the contracted agency must be certified with the WMAP.

When the 51.42 board is the CSP, a billing/performing provider number is issued to the 51.42 board, that number is used to bill the WMAP and no additional provider number is required on the claim form.

In counties where the 51.42 board contracts with qualified CSPs, the 51.42 board is issued a billing provider number and the contracted CSP is issued a non-billing/performing provider number. Both the billing provider number and the non-billing/performing provider number are required on the claim form, but reimbursement is made only to the 51.42 board.

The CSP must bill for Clozapine Management using only the billing provider number. The CSP may use the patient account field (element 26 of the HCFA 1500 claim form) to identify the performing CSP in those counties where there are a number of programs contracting with the county to provide CSP services.

Refer to Appendix 1 in this handbook for instructions on completion of the National HCFA 1500 claim form and the proper use of billing and non-billing provider numbers. Refer to Section II of Part A of the WMAP Provider Handbook for additional information on types of provider numbers.

Scope of Service

The policies in Part H, Division V govern all CSP services provided within the scope of the practice of the profession as defined in s. 49.46(2)(b)6.f, Wis. Stats. and s. HSS 107.13(6), Wis. Adm. Code. Covered services and related limitations are enumerated in Section II of this handbook.

Reimbursement

CSP Services

Reimbursement is made to the county 51.42 board based on a maximum allowable fee per hour for CSP services provided to Medical Assistance recipients. Providers are reimbursed the federal share of the lessor of the maximum allowable fee or the billed amount. The county 51.42 board is responsible for providing the state matching funds for CSP services. This match must come from non-federal funds available to the county. No state General Purpose Revenue (GPR) dollars are allocated to CSPs. Providers are responsible for maintaining an audit trail to document their expenditure and contribution of funds.

Clozapine Management

The WMAP reimburses the CSP a predetermined fee per seven-day period for all allowable Clozapine Management services delivered over the course of one week. CSPs are reimbursed for Clozapine Management only once per seven-day period. All necessary Clozapine Management services, as listed in Section II-G of this handbook, are included in the one weekly payment for Clozapine Management, regardless of the actual number of services provided.

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CSPs receive the full WMAP reimbursement (federal share plus state match) for Clozapine Management services. Counties are not required to provide the non-federal match for these services when they are reimbursed as Clozapine Management.

Reimbursement for Clozapine Management services is made to the county identified as the billing provider. However, the county receives the full share of the Medical Assistance reimbursement for these services. When the county is not the performing provider of the Clozapine Management services, the county must pass through the full payment for the Clozapine Management services to the performing CSP. The county is not responsible for local matching funds for this service.

Provider Responsibilities

Specific responsibilities as a provider under the WMAP are stated in Section IV of Part A of the WMAP Provider Handbook. This section should be referenced for detailed information regarding fair treatment of the recipient, maintenance of records, recipient requests for noncovered services, services rendered to a recipient during periods of retroactive eligibility, grounds for provider sanctions, and additional state and federal requirements.

**D. RECIPIENT
INFORMATION**

Eligibility For Medical Assistance

Recipients meeting eligibility criteria for Medical Assistance are issued Medical Assistance identification cards. The identification cards include the recipient's name, date of birth, 10-digit Medical Assistance identification number, medical status code, and an indicator of private health insurance coverage, HMO coverage, and Medicare coverage.

Medical Assistance identification cards are sent to recipients on a monthly basis. All Medical Assistance identification cards are valid only through the end of the month in which they are issued. It is important that the provider or the designated agent check a recipient's Medical Assistance identification card prior to providing service to determine if the recipient is currently eligible and if there are any limitations to the recipient's coverage.

Section V-C of Part A of the WMAP Provider Handbook provides detailed information regarding eligibility for Medical Assistance, Medical Assistance identification cards, temporary cards, restricted cards, and how to verify eligibility. Section V-C of Part A must be reviewed carefully by the provider before services are rendered. A sample Medical Assistance identification card can be found in Appendix 7 of Part A of the WMAP Provider Handbook.

Medical Status

Medical Assistance recipients are classified into one of several eligibility categories. These categories allow for a differentiation of benefit coverage. Refer to Section V-D of Part A of the Provider Handbook for additional information regarding medical status.

Recipients Eligible for CSP Services

CSP is a benefit for Medical Assistance recipients 18 years of age or over. Recipients enrolled in WMAP-contracted HMOs are not eligible for Medical Assistance CSP services. All eligible recipients must meet the criteria for admission set forth in s. HSS 63.08, Wis Adm. Code.

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Recipients Enrolled in WMAP-Contracted HMOs

WMAP recipients enrolled in WMAP-contracted HMOs receive a yellow Medical Assistance identification card. This card has a six-character code in the "Other Coverage" column designating the recipient's HMO. These codes are defined in Appendices 20, 21, and 22 of Part A of the WMAP Provider Handbook. Providers must always check the recipient's current Medical Assistance identification card for HMO coverage before providing services.

WMAP-contracted HMOs do not cover CSP services. However, Medical Assistance recipients who are enrolled, or eligible for enrollment, in a WMAP-contracted HMO and who meet the criteria for admission to a CSP are eligible for disenrollment or exemption from the HMO.

In order for disenrollment to occur, the HMO must submit a disenrollment request to the Bureau of Health Care Financing (BHCF) Contract Monitor that specifies the recipient's name and 10-digit Medical Assistance identification number. This must include a statement from a WMAP-certified medical or mental health provider, or a community support program, indicating eligibility to participate in that program or indicating participation in that program, if it has already begun. This disenrollment will be effective the first day of the month in which participation began or is to begin.

The recipient may ask for an exemption from HMO enrollment, either before or after they are enrolled in an HMO. If the recipient is not yet in an HMO when the exemption is requested, they will be temporarily exempted until the request is either approved or denied. If the recipient is enrolled in an HMO when they apply for exemption, they will remain in the HMO until the month following approval of the exemption.

In order to apply for an exemption from HMO enrollment, the recipient must contact the HMO specialist at their county Department of Social (or Human) Services.

Any services provided to the recipient by CSP providers before the effective date of the HMO exemption or disenrollment are not covered by the HMO or the WMAP. Claims submitted to EDS for these services will be denied.

Copayment

CSP and Clozapine Management services are exempt from recipient copayment.